FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 22 PM 3:36

DOCUMENT # 758077 (2)

1. Corporation Name
S.T.L.K., INC.

Principal Place of Business	Mailing Address
43 N.W. 2ND STREET HOMESTEAD FL 33030	43 N.W. 2ND STREET HOMESTEAD FL 33030

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/29/1981
3a. Date of Last Report: 03/16/1994
4. FEI Number: 59-2240892 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

SCHILD, MARVIN
590 ENGLISH AVENUE
HOMESTEAD FL 33030

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	GRAHAM, ELLIS E	1.2 NAME	
STREET ADDRESS	16223 SW 108TH COURT	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	HANN, JOHN F	2.2 NAME	
STREET ADDRESS	8040 SW 192ND DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	D ☒ Change ☐ Addition
NAME	FRANCIS, JOHN R	3.2 NAME	Joseph Loggins
STREET ADDRESS	35250 SW 177TH COURT	3.3 STREET ADDRESS	16251 S.W.248 St.
CITY-ST-ZIP	FLORIDA CITY FL	3.4 CITY-ST-ZIP	Homestead, Fl.
TITLE	D	4.1 TITLE	P ☒ Change ☐ Addition
NAME	MORRIS, JAMES	4.2 NAME	Dale Voight
STREET ADDRESS	1701 N. KROME AVENUE	4.3 STREET ADDRESS	33303 S.W.180 Ave. lot 381
CITY-ST-ZIP	HOMESTEAD FL	4.4 CITY-ST-ZIP	Homestead, Fl 33034
TITLE	P	5.1 TITLE	S ☒ Change ☐ Addition
NAME	TAYLOR, TEDDY D	5.2 NAME	TeddyD Taylor
STREET ADDRESS	27165 SW 144TH AVE	5.3 STREET ADDRESS	27165 S.W. 144th Ave
CITY-ST-ZIP	HOMESTEAD FL	5.4 CITY-ST-ZIP	Homestead, Fl
TITLE	T	6.1 TITLE	☐ Change ☐ Addition
NAME	LUPISELL, JOHN H	6.2 NAME	
STREET ADDRESS	650 NW 17 CT	6.3 STREET ADDRESS	
CITY-ST-ZIP	HOMESTEAD FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: John H Lupisell John H. Lupisell 3-17-95 305-2476618
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0036735